PATENT	<b>APPLICATION</b>	<b>FEE DETERMINAT</b>	ION RECORD
			IVII IIEVOIID

Effective December 29, 1999						091663045							
		CLA	(C	S FILED -	PA	(Colu	mn 2)	SMA TYP	LLI	FNTITY	OR	OTHER SMALL	
FC	OR .		NUMBE	R FILED		NUMBER	EXTRA	RAT	E	FEE		RATE	FEE
ВА	SIC FEE			.*	•					345.00	OR		690.00
TC	TAL CLAIMS	CLAIMS 20= *					X\$ 9	=		OR	X\$18=		
IND	EPENDENT CL	ENDENT CLAIMS O minus 3 - 1				X78=							
MULTIPLE DEPENDENT CLAIM PRESENT					+130	) <u> </u>		OR	+260=				
* If the difference in column 1 is less than zero, enter "0" in column 2						TOTA			OR	TOTAL	696.co		
CLAIMS AS AMENDED - PART II  (Column 1) (Column 2) (Column 3)						ОТН			OTHER SMALL	THAN			
AMENDMENT A		REM Af	AIMS AINING TER NDMENT		PF	HIGHEST NUMBER REVIOUSLY PAID FOR	PRESENT EXTRA	RATI	ПП	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
NDN	Total	•		Minus	**		=	X\$ 9	=		OR	X\$18=	
AME	Independent FIRST PRESE	*		Minus	***		=	X39=	=	-	OR	X78=	
	FIRST PRESE	MIAIIC	ON OF MI	JETIPLE DEF	ENL	JENI CLAIM		+130	=.		OR	+260=	
								TO1 ADDIT. F		,	OR	TOTAL ADDIT, FEE	
		(Coli	umn 1)		(C	Column 2)	(Column 3)	אטטוו. ר	CC (		, ,	ADDII. PEEI	
AMENDMENT B		REM AF	AIMS AINING TER IDMENT		PF	HIGHEST NUMBER REVIOUSLY PAID FOR	PRESENT EXTRA	RATE	Ξ	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
NON	Total	•		Minus	**		=	X\$ 9:	-		OR	X\$18=	
AME	Independent FIRST PRESE	NTATIC	N OF MI	Minus	***		=	X39=			OR	X78=	
			OF WIC	DETIT EE DET	LINE	CLAT CLAIN		+130=	-		OR	+260=	
								TOT ADDIT. F	AL EE		OR	TOTAL ADDIT. FEE	
	STATEMENT BOOK CONSTRUCTOR NO.		umn 1)	La transportation of		Column 2)	(Column 3)					-	
AMENDMENT C		REM.	AIMS AINING TER IDMENT		PF	HIGHEST NUMBER REVIOUSLY PAID FOR	PRESENT EXTRA	RATE		ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
NON NO	Total	•		Minus	**		=	X\$ 9=			OR	X\$18=	
AME	Independent	•		Minus	***		=	X39=	┪		OR	X78=	
	FIRST PRESE	NIATIC	IN OF MU	JUITPLE DEF	′∟ND	DEN I CLAIM		+130=	Ť		Ì	+260=	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.													
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.													

**Application or Docket Number** 

## This Form is for INTERNAL PTO USE ONLY It does NOT get mailed to the applicant.

## NOTICE OF FILING / CLAIM FEE(S) DUE (CALCULATION SHEET)

APPLICATION NUMBER: 09/663645

## Total Fee Calculation

		Total Lee	Calcula	пог	ם		
	Fee Code	Total # Claims	Number Extra	X	Fce	Fee	· Total
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Basic Filling Fee	201/101				•	690,00 =	10
Total Claims >20	203/103	<i>∂</i> .20 =		¥		<u>67010</u> 8 .	696,00
ladependent Claims >3	202/102	2		· · ·		<del></del>	<del></del>
Mult. Dep Claim Present	204/104						
Surcharge	205/105						
English Translation	139					130.00 =	130,00
	<del></del>						
TOTAL FEE CALCUL	NOITA						820,00
Fees due upon filing t	he application:						<u>228.</u> 66
Total Filing Fees Due	= 5	820,00					
Less Filing Fees Subm	uitted - S					,	٠,
BALANCE DUE	= S <u>\$</u>	20,00					
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Office of Initial Patent	Examination	<del></del>					
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